



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
OCCUPATIONAL THERAPY ADVISORY COUNCIL
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45037
NEWARK, NEW JERSEY 07101
(973) 504-6570

Complaint Process

As a unit of the Division of Consumer Affairs, the Occupational Therapy Advisory Council (Council), takes its responsibility seriously. A copy of the complaint will be forwarded to the licensee with a cover letter from the Council requiring a detailed written response to the allegations in the complaint. Once that response has been received, it will be reviewed and disposition may be recommended. If the Council needs additional information, the licensee may be required to appear to answer questions concerning the matter. The complainant should understand that any information supplied on the complaint form may be subject to public disclosure.

The disposition of the matter may take several months. Please understand that the Council can only take formal action if it finds sufficient basis that the licensee violated State laws or regulations. If the Council determines that formal action is required, the matter is referred to the office of the Attorney General. In that case, formal charges may be filed against the licensee and the licensee will be given an opportunity to defend himself or herself. This process can take a considerable period of time.

If the complaint involves a dispute over fees, please be advised that the Council has limited jurisdiction over fees charged by professionals. If the Council determines that there is insufficient basis to pursue disciplinary action, but determines that the matter involves a fee dispute, your complaint may be referred to the Alternate Dispute Resolution (ADR) Unit of the Division of Consumer Affairs. The ADR is a free mediation service that can be helpful in resolving such matters.

Until a final determination has been made, the Council is not permitted to disclose information regarding the matter. You will be notified in writing when a final determination has been made.



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Complaint Form

Please type or print clearly.

Please note that all of the information supplied on this form may be subject to public disclosure.

Consumer Information

Complaint Reported Against

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME TELEPHONE NUMBER: _____
(include area code)

WORK TELEPHONE NUMBER: _____
(include area code)

FAX NUMBER: _____

E-MAIL ADDRESS: _____

DATE: _____

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____
(include area code)

TITLE: _____

LICENSE NUMBER (IF KNOWN): _____

DATES OF TREATMENT/SERVICE:

FROM: _____ TO: _____

1. What is the relationship between the complainant and the consumer or patient?

☐ Self

☐ Parent

☐ Friend

☐ Legal Guardian

☐ Spouse

☐ Son/Daughter

☐ Brother/Sister

☐ Other (please specify) _____

2. Please provide the following information about the consumer or patient if he or she is someone other than the complainant.

Name: _____ Date of birth: _____
Month Day Year

Address: _____
Street address City State ZIP code

Home telephone number: _____ Work telephone number: _____
(include area code) (include area code)

3. Please provide the following information about any other practitioner or licensee involved in the matter about which you are filing a complaint.

Name: _____

Title: _____ License number: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Name: _____

Title: _____ License number: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

4. Please provide the following about anyone who was a witness to the matter about which you are filing a complaint.

Name: _____

Address: _____
Street address City State ZIP code

Daytime telephone number: _____ Evening telephone number: _____
(include area code) (include area code)

Name: _____

Address: _____
Street address City State ZIP code

Daytime telephone number: _____ Evening telephone number: _____
(include area code) (include area code)

5. What is the nature of the complaint? *(Please check all that apply and provide any additional comments on a separate sheet of paper.)*

☐ Administrative/Recordkeeping

☐ Advertising

☐ Fees/Billing Practices

☐ Fraud

☐ Incompetence

☐ Insurance Fraud

☐ Professional/Occupational Misconduct

☐ Sexual Misconduct

☐ Substance Abuse/Impairment

☐ Unlicensed Practice

☐ Briefly explain the problem if it is not listed above: _____

6. Please describe the facts of your complaint in the order in which they happened. Type or print clearly. You may use additional sheets of paper if they are needed.

7. Please describe any action taken to resolve this matter prior to contacting the Council. Remember to type your response or print clearly. You may use additional sheets of paper if they are needed.

All complaints must be accompanied by **readable copies** (NO ORIGINALS) of any complaint-related contracts, bills, receipts, canceled checks, correspondence or any other documents you feel are related to your complaint.

8. I certify that the statements made by me in this complaint are true and any documents attached are true copies. I am aware that if any statements made by me are willfully false, I am subject to punishment.

Signature*

Date

Return to:

State of New Jersey
Occupational Therapy Advisory Council
P.O. Box 45037
Newark, NJ 07101

* This certification must be signed by the person who has completed this form.